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Worldwide Report

EPIDEMIOLOGY

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5 November 1984

**WORLDWIDE REPORT
EPIDEMIOLOGY**

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BURKINA

BRIEFS

CHOLERA OUTBREAK--The support march for the National Council of the Revolution, CNR, scheduled to take place this afternoon, did not take place. The march was postponed on the instructions of the Ministry of Health because of the current health situation in the capital. Here is a statement by Comrade Major Abdoul Kabore: [Begin Kabore recording] On 27 August we recorded in the (?Tamouen) area a patient with symptoms of vomiting and diarrhea. Laboratory examinations confirmed to us that this patient had cholera. The disease has now spread and isolated cases have been reported from almost all the areas of Ouagadougou. I stress that these are isolated cases. We are not talking about an epidemic yet. As of 3 September, we have recorded 67 cases and about 10 deaths [words indistinct]. [end recording] [Excerpts] [AB032230 Ouagadougou Domestic Service in French 1900 GMT 3 Sep 84]

CSO: 5400/15

MALARIA REEMERGING AS 'MAJOR PROBLEM' IN MANY AREAS

Georgetown CATHOLIC STANDARD in English 9 Sep 84 p 3

[Text]

WITHIN the last year malaria has been re-established as a major problem for the first time since the eradication of malaria programme was implemented in the 1940s, according to the Guyana Human Rights Association's Annual Report.

In the North West District Ministry of Health officials reported a dramatic increase in 1983 over 1982.

In 1982 there were 96 cases; in 1983, 532 cases.

The increase in the Cayuni/Mazaruni area was also great - 49 cases in 1982 and 282 in 1983.

In the Rupununi a slight decrease was recorded - 1,140 in 1982 to 995 in 1983, according to the Report.

However, the Catholic Standard understands that this decrease may be the result of fewer tests being made because of lack of transportation for the medical staff.

In the Rupununi village of Konachen 27 Wai Wai villagers out of a population of 150 were reported to have contracted the most serious type of malaria known in Guyana, falciparum, in April 1984, according to GHRA.

The Ministry of Health despatched a team of officials to visit the settlement.

"Although Chief Medical Officer Dr. Walter Chin stated in April 1984 that the Ministry intended to intensify its campaign against malaria, the malaria control department of the Ministry had its budget cut by 2/3 in 1983", the Report points out.

"Spraying campaigns which effectively eliminated the disease in the 1940s have been hampered by shortage of insecticide", it adds.

CSO: 5440/007

HONG KONG

BRIEFS

MOSQUITO CONTROL CAMPAIGN--THE New Territories Services Department is to mount another extensive anti-mosquito campaign to eliminate potential mosquito-breeding places in the New Territories. The campaign will form the second phase of this year's exercise, a spokesman for the New Territories Services Department said yesterday. During the first eight months of this year, NTSD pest control officers carried out some 48,000 inspections in the new towns and countryside to detect mosquito breeding sites. More than 8,500 mosquito-breeding places were found and action was taken to eliminate them, the spokesman added. Starting tomorrow, a sustained mosquito eradication effort will be made to coincide with the current humid weather, which is still breeding. The exercise will last several weeks. Pest control staff will pay special attention to potential breeding places in rural areas, stream courses, common parts of multi-storey buildings and construction sites. New Territories residents who have any problems with mosquitoes are advised to contact their nearest Urban Services office for assistance, the spokesman said. [Excerpt] [Hong Kong HONGKONG STANDARD in English 9 Sep 84 p 3]

CSO: 5440/004

INDONESIA

BRIEFS

MORBILI OUTBREAK IN WEST JAVA--Bekasi, Sept. 20 (ANTARA)--An epidemic disease called Morbili broke out in Bekasi infecting 1,215 people among whom 49 died. All of them were from Babelan Regency, 15 km north to Bekasi, that is the Kedung Jaya, Babelan Kota, Babagia, Kebalen, Muara Bhakti and Kedung Pengawas Villages. It is said that Morbili disease is spreading not only in Bekasi, but also in some regencies of W. Java, like in Tasikmalaya, Lebak, Cianjur and Bandung Regencies. [Text] [Jakarta ANTARA NEWS BULLETIN in English 20 Sep 84]

CSO: 5400/4306

IRELAND

BRIEFS

DISEASED MEAT RACKET--IRISH OFFICIALS believe they have cracked open a multi-million pounds meat racket whereby large consignments of dangerous meat were being daily pumped into the human food chains in Ireland and the U.K. Health inspectors backed up by gardai have raided three unlicensed abattoirs in the Monaghan/Cavan area and confiscated dozens of beef carcasses. The beef, found by vets and medical officers to be "unfit for human consumption", was "dressed", cut into sides and quarters, and ready for sale. In most cases the beef came from cattle that had died of disease or were ill when bought. The confiscated meat would certainly make a human sick and could even kill, according to an expert, who described it as "pretty lethal." Department of Agriculture sources also disclosed that "veterinary certificates", sampled on "healthy meat", have been found in vast quantities in the possession of one of the men believed to be at the centre of the racket. As some of the illegal beef was thought to have gone into the UK, health officials say the bad meat may explain the 22 deaths so far due to salmonella in a West Yorkshire hospital. [Excerpts] [Dublin IRISH INDEPENDENT in English 8 Sep 84 p 1]

CSO: 5440/001

MINISTRY PAPER REVIEWS STATUS, PROBLEMS OF HEALTH SERVICES

Kingston THE DAILY GLEANER in English 18 Sep 84 p 13

[Excerpts] The following Ministry Paper No 60, reviewing the health services was tabled in Parliament on Wednesday, September 12 by the Minister of Health, Dr Kenneth Baugh.

It stated: "Members of this Honourable House will recall that in my Budget Speech earlier this year, I made mention of the fact that it will be necessary to restructure the health services. This restructuring was not only related to the severe restrictions on the Budget, but also because Budget reviews conducted in my Ministry over the past two (2) years have shown that there were some institutions with room for improvement.

Before dealing with the specific proposals, it will be necessary to provide a background against which the validity of this exercise can be determined.

There is obviously a need for us to have a full understanding of the magnitude of the problems that existed so that the efforts that have been made can be seen in its proper context, and also, that the public can appreciate that there are outstanding problems, some of which, will be dealt with in our programmes for the next three years.

Manpower

In all the discussions that have taken place, there has been a focus on the shortage of professional and technical personnel. It is a sad fact that we continue to lose people to private sector and emigration because of the non-competitiveness of salaries. In addition, the failure of training programmes in the past has contributed to the crippling shortage in some instances. The impact on the services is in fact significant. The only solution is to train more, hoping that the time will come when the workforce of this country will be working hard enough to provide an economy that can sufficiently remunerate its skilled people.

The question of the vacancies among doctors and nurses has been raised. Set out below are the overall figures:

	<u>No. on Establ.</u>	<u>No. in place</u>	<u>Vacancies</u>
Doctors	427	369	58
Nurses	2,340	1,877	463
(These do not include figures for the Bellevue Hospital.)			

In respect of doctors, our recruitment drive was successful and the country was in fact attractive to many who came spontaneously. This year, consequent on the devaluation, recruitment is far more difficult and the response to our advertisements is poor. However, the burden of the problem is at the Resident level. The more senior posts are adequately filled and we continue to see a return of young Jamaicans with specialized training from overseas institutions.

Current Problems

This year we have a problem of a different nature. The fundamental reason is that the value of the goods and services that we deliver as a country is far in excess of what we earn. It is not peculiar to Jamaica, it has been much publicized in the Press. This difference has in the past been financed by loans and as we all expected there would come a time when measures would have to be taken to correct the situation. In other words, the chickens have come home to roost. Lending agencies such as the International Monetary Fund have now also imposed stricter criteria for borrowing. If these measures are not met, there will be no loans and no economy, and the country will never be productive. Very simply, the difference has to be reduced by increasing revenue or earnings or a reduction in expenditure. I reiterate that the impact is significant on the health services by virtue of the fact that we are a major employee of persons, an importer of a large share of imported items, and a consumer of large volumes of petroleum.

At the Kingston Public Hospital alone we spent \$7,000 per day for fuel oil of the boilers. (Annual expenditure \$2.5m) A conversion to the use of Banker C has reduced this significantly to 5,000 per day (annual expenditure is \$1,800,000).

A 5 percent increase on our Budget in the face of 100 percent increase in public utilities and increasing demands on the public institutions as more and more people use these facilities or health care is a consequence of all these developments and a signal for meticulous management and innovative approaches to the use of our resources in the delivery of care and the maintenance of health in the country.

Much publicity has been given to the question of lay-offs to the tune of 6,000 in the Civil Service.

There is no doubt that the health services will be significantly affected, but we are working diligently with the relevant ministries to cushion the effect of these staff changes in the delivery of the services.

Restructuring

A lot of exposure has been given about the closure of hospitals. No hospital is going to be closed, however a rationalization of the functions of some will be taking place. This means a rational and objective approach to the use of the facilities in a number of institutions which are under-utilized and have room for adjustments. In some hospitals certain services will be curtailed while others will be supported.

I would like to direct attention to three (3) institutions--Ulster Spring, Buff Bay and Isaac Barratt. It is clear from these figures that these hospitals are outstanding examples of institutions whose facilities are under-utilised. In some cases the weekly admission rate is as low as 15-20 patients per week. The occupancy varies between 38 percent to 60 percent.

Other details not presented show that the majority of these cases are people with chronic diseases which could be accommodated in neighbouring institutions. Surgical operations in Ulster Spring were all minor with an average of one (1) operation per week for the year.

As a result of the above, action has been taken to rationalise the services in these hospitals. This process will include the following:

1. Establishment of a good referral system to Core Hospitals in the areas.
2. Improvement in the communication system. To this end, a team of public sector and private sector persons are involved in repairing radios, replacing others, putting additional radios in some health centres and the training of personnel to ensure proper operation and maintenance of the system.
3. Provision of additional vehicles: To ensure easy transport of patients from these institutions to the Core Hospitals.
4. Reduction in the number of beds for in-patients. A few beds only will be retained to provide care for women in labour and babies as well as emergency treatment for acutely ill patients.

Admissions for longer than 24 hours will be discouraged and patients will be transferred to the neighbouring central hospitals equipped to provide the necessary care, should there be complications or the need for further treatment.

Improvements will be made in that additional Out-patients Services will be offered. These include:

- (a) Diabetic Clinics
- (b) Hypertensive clinics
- (c) Ante-natal care of pregnant women
- (d) Post-natal care for mothers
- (e) Full range of child services including immunization programmes, oral rehydration therapy for cases of diarrhoeal diseases
- (f) Sexually transmitted disease clinics.

Financing

There has been increasing concern within the Ministry of Health for the continued substantial rise in the cost of providing health care and the inability of allocated funds within the Budget to address programme needs over many years. The decline in the general economy in the 1970's have serious implications for the health care network, the general deterioration of facilities and loss of personnel.

In the 1980's the grounds that have been gained are now threatened by the harsh realities that the productivity of the country does not provide the kind of economy that can support maintenance or growth and development as almost the sole provider of health care and dispenser of free services is essentially to subject the people of this country to mediocre health care and to court the disaster of a collapse. We recognise the urgent need to identify and initiate alternative methods of financing the cost of delivery of the health care to the nation and we are thus engaged in a number of activities to plan for these initiatives. The following activities are noteworthy:

- (i) A committee to study the free structure for the health services was established in 1980 and presented its report in January 1981. A year and a half ago (1980) the question of fees was discussed with the profession at large.
- (ii) Establishment of a Health Sector Economic Task Force--Planning and Evaluation Unit--August 1981 which produced the Economic Analysis of the Health Sector Report by Economist Dr George Cumper with funding from World Bank Jamaica Population Project II. The document has been widely used as a background paper on economic matters of Ministry of Health. Dr Shoucair--Chairman of the Kingston Regional Hospital Board presented a paper proposing alternative methods for financing the health sector.
- (iii) The USAID/HMIP Project gave support for Consultants Dr Catherine Overholt and Professor Carl Stevens who investigate and made proposals for financing of Health Sector in a Report in May 1983 and October 1983, respectively.
- (iv) The Hospital cooperation of America Team visited and reported on administrative readjustments necessary for making the Cornwall Regional Hospital a financially viable concern. The document has been circulated and examined in the Ministry of Health.
- (v) The Private Hospitals Association of Jamaica met with the Honourable Minister on the 22nd February 1984 and discussed problems facing the industry.
- (vi) A Health Consumer Survey was designed by the Director/Planning and Evaluation Unit and the survey instrument administered by the Department of Statistics in conjunction with the October Labour Force Survey, 1981.

(vii) In 1984, two teams of consultants provided through the auspices of Project Hope visited the island and held discussions with relevant sectors including Blue Cross and insurance companies.

(viii) Discussions have been held recently with the Private Sector including an actuary to determine a collective approach to this initiative. A team has been identified to review information so far collected and determine a course of action. This is not being presented as a decision. It is simply pointing in a direction that a good number of developing countries have taken, from which there is a wealth of experience to utilize. Any such action will have to be part and parcel of a comprehensive health service with great emphasis on prevention and public health so that basic programmes such as Immunization can in fact be adequately supported. This, however, is a long-term effort.

In concluding, I take this opportunity to inform you that the rising cost of modern health care is a problem worldwide, in poor Third World countries as well as developed societies, even if it is aggravated in nations like ours.

The fact is, while health care is vital development, development can only begin when we learn as a nation to live within our means. We too, then must restructure and reallocate resources in order to maximise benefits. As a nation we are, maybe for the first time, facing the reality of our circumstances, the changes required to launch us from a solid foundation on a successful path will be painful, but we must face them with courage, with trust and confidence that within ourselves there is the ability to succeed.

CSO: 5440/005

LIBERIA

BRIEFS

MEASLES OUTBREAK--An outbreak of measles has been reported in Lower Lofa County. Original reports reaching the Daily Observer yesterday morning through missionary sources say that up to one hundred deaths have so far resulted in the area. When contacted yesterday to comment on the reports, Health Ministry officials confirmed that they have received news of the measles outbreak but said that their information was that about twenty five persons had died so far. The inadequacy of the road network in the lower Lofa area is expected to be a major problem but the Deputy Chief Medical Officer said that he is seeking the assistance of the air wing of the Armed Forces to reach the affected area more quickly. So far, the measles outbreak is said to have affected Fassama and Baloma, two towns in the vicinity of Belle Yella. [Excerpts] [Monrovia THE DAILY OBSERVER in English 20 Sep 84 p 12]

CSO: 5400/15

BRIEFS

CHOLERA EPIDEMIC IN SABAH--Eight new cases of cholera were reported in Sabah this week. This brings the total number of cases to 25. The Medical Department advises members of the public to boil all drinking water and eat only cooked food. Anyone with complaints of diarrhea and vomiting should report to the nearest hospital. Observation and strict personal hygiene is important in the control of the disease. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 29 Sep 84 BK]

KOTA KINABULU CONTAGIOUS DISEASES--Another four cases of cholera have been reported in Kota Kinabalu. Three children between 1 and 10 years old and a 250-year old woman were reported to be suffering from the disease. To date, a total of 16 cases of the disease have been traced in Kota Kinabalu. Meanwhile, reports from Melaka said that due to instant action by the authorities, the spread of dengue fever and bleeding dengue in the state has been lessened lately. The director of state medical and health services said that, throughout this year, only four cases of dengue have been reported. Three of them are from the central Melaka area and one from Merlimau, near Jasin. Two of the cases have been confirmed while the others are only suspected. No deaths, however, have been reported. He said further that a total of 34 malaria cases has been reported this year, all of them brought from outside. The number of cases is lower than last year's figure of 99. [Kuala Lumpur Domestic Service in Malay 1230 GMT 28 Sep 84 BK]

CSO: 5400/4304-5

MALI

BRIEFS

CHOLERA OUTBREAK--There is an outbreak of cholera in the Seventh, Sixth, Fifth, and Fourth Regions. This was disclosed by the public health and social affairs minister, Dr Ngolo Traore, who showed photos from the affected areas to our reporter Baba Durte during a special interview.
[Text] [Bamako Domestic Service in French 1500 GMT 3 Oct 84]

CSO: 5400/18

MEXICO

BRIEFS

GUANAJUATO BRUCELLOSIS EPIDEMIC--Celaya, Guanajuato--The Medical Association of Celaya is worried about an increasing number of cases of brucellosis in the region of Celaya, currently at 2.9 for every 100,000 inhabitants. The Secretariat of Health and Assistance of Mexico reported that in 1983 the health department of Celaya registered the highest number of cases, with 389 out of the 1,240 new cases reported in Guanajuato. [Summary] [Mexico City EL SOL DE MEXICO in Spanish 3 Sep 84 p 13 PA]

CSO: 5400/2000

BRITISH TROOPS AT RISK FROM SPREADING ENCEPHALITIS

London THE DAILY TELEGRAPH in English 5 Sep 84 p 5

[Article by Maj Gen Edward Fursdon]

[Text]

BRITISH Servicemen and their families at the Brigade of Gurkhas Depot at Dharan, Nepal, are increasingly at risk from acute encephalitis, now spreading into the south-east of the country.

The local people call the disease "The Visitation of the Goddess of the Forest."

Experts are almost certain that the local threat comes from a Japanese variety of this unpleasant virus which causes death in about 30 per cent. of infected cases. Visitors from outside the country are at particular risk.

As an urgent measure, the Royal Army Medical College, Millbank, has just established a research team project in Nepal led by Dr Nick Burgess, its senior Defence Entomologist.

The team's aims are to isolate the offending virus and produce an effective form of immunisation against it.

Virus in pigs

Japanese encephalitis is normally found in migrating birds. It is known to be transmitted by the Culex group of mosquitos from the birds they have bitten, to young pigs whom they also bite for food, and in whom the virus thrives and multiplies.

Neither the birds nor the pigs

are affected by the virus itself. The trouble comes when the Culex mosquitos go on from the pigs to bite humans, to whom the virus is then transmitted.

In about one in 300 cases the virus crosses over from the bloodstream into the nervous system, resulting in encephalitis which soon affects the brain.

At present, there is no specific treatment, and about 30 per cent. of the sufferers will die.

Freeze facilities

So important is the project to other areas of India and South-East Asia, where encephalitis is endemic, that it is being readily supported by both the Wellcome Trust and the American Armed Forces Research Institute of Medical Sciences in Bangkok.

The Wellcome Trust has provided its Dr Colin Leake, an entomologist, and the Americans their portable deep-freeze facilities and other laboratory backing.

The World Health Organisation and the Nepalese Government are also eagerly awaiting the outcome of this extremely important Army research.

CSO: 5440/002

NEPAL

BRIEFS

GASTROENTERITIS DEATHS--Altogether 198 persons died of gastroenteritis in (Subisin) Village Panchayat of Gorkha District according to the [words indistinct] regional commissioner's office. The disease spread into the area after the floods of mid-September. A total of 11 medical teams were sent to the affected area [words indistinct] public health office to help the control of the disease, it was stated. [Words indistinct] of the disease are still reported. [Text] [Kathmandu External Service in English 1450 GMT 13 Oct 84 BK]

CSO: 5400/4702

ACUTE SHORTAGE OF MEDICAL FACILITIES UNCOVERED

Karachi DAWN in English 3 Oct 84 p 2

[Text]

ISLAMABAD, Oct 2: The major task before the Government is to provide adequate medical facilities, in both urban and rural areas of the country, to meet the increasing requirements of the people.

According to an official report, approximately one doctor for 4,600 persons, one dentist for 83,000 persons, one nurse for 6.4 hospital beds, one paramedic for 2,486 persons, is available at present, while only one primary health care facility is available for 12,943 persons and one hospital bed for 1,790 persons.

The problem of extending medical facilities to the rural areas is more serious keeping in view less than 1,000 posts of doctors available in rural areas as against 6,000 in urban areas though the rural areas comprise approximately 70 per cent of the total population.

More attention is required to be given to the child population in the country to immunize them properly in order to control diarrhoeal diseases by oral rehydration therapy and assistance during the birth.

There is a need to remove general inadequacy of health services and necessary medical facilities for the ailing people which can be done by establishing a nation-wide integrated system of health care.

A number of steps have already been taken in the Federal capital to meet the health requirements of its about three lakh population.

Central Polyclinic including 17 dispensaries have proved insufficient for the purpose, while the Islamabad Hospital Complex, a major project, is still under completion.

According to official sources the Outdoor Patient Department of the Islamabad Hospital Complex is to start functioning by December next.

The Director General Health, Surgeon Commodore M. Mohsin Pal, said that on completion of the Islamabad hospital the medicare facilities will greatly increase decreasing the burden on the Central Polyclinic.

Dr. Pal said that about 40 beds have been added to the Central Polyclinic which will help decrease the demand on the hospital.

"The government is keen to make more arrangements to meet the medical requirements in the Federal capital," he said.

The Director General Health urged that the people should extend their cooperation to the medical authorities, maintain discipline in the premises of hospitals and refrain from misusing the medicines that they receive from the Government hospitals.

Rural health centre

The District Health Officer, Islamabad, Dr. Javed Chaudhary, when contacted said that the Government has planned to set up a

rural health centre for a population of 40 to 50,000 and one basic health centre for 10,000 to 50,000 rural population. There are 1,35,000 persons living in the surrounding rural areas, while 2,75,000 people are living in urban areas, he added.

He further said that the Government has decided to establish three rural health centres and 12 basic health centres for rural areas out of which four basic health centres and one rural health centre have already started functioning, while three basic health centres and one rural health centre will be completed by December next.

Dr. Javed said that for the population of 2,75,000 people in the urban areas of Islamabad only one 200-bed Central Polyclinic and 17 dispensaries are functioning under the Ministry of Health.

The C.D.A. has made its own arrangements to provide medicare to its employees and one CDA hospital, including five dispensaries are functioning smoothly for the purpose, he added.

The District Health Officer hoped that three ambulances will reach from Japan here during this month. These ambulances will be fully equipped with necessary medicines, apparatus and can provide medical care at the door-steps of the peoples in rural areas including the thickly populated villages of Bara Kahu, Sihala and Tarla.— APP

CSO: 5400/4701

CSF LYMPHOCYTE SUBPOPULATIONS IN ENCEPHALITIS PATIENTS STUDIED

Beijing ZHONGHUA NEIKE ZAZHI [CHINESE JOURNAL OF INTERNAL MEDICINE] in Chinese No 6, 20 Jun 84 pp 352-354, 398

[Article by Zhou Shanren [0719 0810 0088] and Hou Yide [0186 3556 1795], both of the Department of Neurology, Nanjing Medical College, Nanjing: "A Preliminary Study of Cerebrospinal Fluid Lymphocyte Subpopulations in Patients with Acute Virus Encephalitis"]

[Summary] Lymphocyte subpopulations in the cerebrospinal fluid (CSF) were detected by the mixed rosette test (E-YC) in patients with acute virus encephalitis. The changes of CSF lymphocyte subpopulations with regard to the types and clinical course of the diseases were analyzed, and the differences between CSF and peripheral blood (PB) lymphocyte subpopulations were also compared.

It was found that cell-mediated immune reactions in the central nervous system (CNS) were depressed in the early stage of the illness. The cytotoxic T cells would be essential to removing the virus in the convalescent stage of the illness. It was also found that this study is useful in making prognoses.

The CNS has an immunological compartmentalization and has a regulatory effect on cell-mediated immune reactions. This has been emphasized by many authors and is also supported by the results of this paper. It is suggested that the study of CNS immunology should be centering on the immunological parameters of the CNS, especially those of CSF.

9717
CSO: 5400/4154

PEOPLE'S REPUBLIC OF CHINA

TIANJIN ACHIEVES WORK IN SANITATION CAMPAIGN

SK240631 Tianjin City Service in Mandarin 1430 GMT 23 Sep 84

[Summary] For the past 35 years since the founding of the PRC, Tianjin Municipality has scored marked achievements in developing a sanitation campaign and has done a great deal of work in eliminating the four pests, stressing sanitation, conducting disease prevention and control, and protecting the people's health.

In 1952, the municipality began a patriotic sanitation campaign. The vast number of people across the municipality joined the activities of straightening out the dirty appearance and disorder of the city.

The municipal sanitation campaign further developed. Following the 3d Plenary Session of the 11th CPC Central Committee. After the earthquake, the municipality launched 24 large-scale mass activities to do away with the dirt and disorder caused by the earthquake by mobilizing 19.56 million people. They removed more than 5.42 million tons of garbage and debris and cleaned more than 9,450 dirty spaces, thus bringing about great change in the appearance of city which had been damaged by the earthquake.

Meanwhile, the municipal departments concerned also mobilized more than 10,000 volunteers to thoroughly consolidate the 19.8-kilometer-long bank along the Hai He inside the city and built beautiful Hai He Park.

At present, 1,108 residential areas across the municipality have launched a campaign to build civilized streets and one third of its villages and towns have also carried out such activities.

Since the liberation, the municipality's volume of tap water has increased 12 fold. In particular, the municipality completed the building of the project to divert the Luan He to Tianjin in 1983, thus, ending the people's suffering of drinking bitter and salty water.

Since 1964, the municipal government has appropriated large amounts of funds for improving drinking water in rural areas. To date, suburban counties in the municipality have 3,103 deep drinking water wells and 2.59 million people, giving 70.3 percent of the total suburban population, benefits from the wells. More than 300 villages have tap water.

The rate of various infectious illnesses in the municipality has decreased yearly thanks to the great progress in the work of environmental sanitation, water and foodstuff sanitation, and eliminating pests. The deepening campaign of patriotic sanitation has protected the health of the people throughout the municipality, thus, increasing their average life-span from around 40 in the early stage of liberation to 73.2 in 1983.

CSO: 5400/4103

MANILA HEPATITIS CASES INCREASE

Manila BULLETIN TODAY in English 1 Oct 84 p 14

[Text]

An increase in the incidence of infectious hepatitis, a viral disease often associated with poor sanitation, was noted yesterday by the health intelligence service of the Ministry of Health.

The number of cases admitted at the San Lazaro hospital (SLH) increased from 14 cases in the previous week to 19 cases last week. All, except one, were residents of Metro Manila. The incidence was slightly higher than the five year median of 14 cases.

An upsurge in pneumonias was also reported based on the increase in admissions at the SLH from 118 cases to 149 cases but was still lower than the five year median of 261 cases. Almost all cases were from Metro Manila.

Dr. Isabel Aquino, HIS officer-in-charge, said that filthy conditions may have caused the increase in infectious hepatitis. In the past three weeks, a total of 58

hepatitis cases had been confined at the SLH but several other cases may not have reported.

Aquino said that infectious hepatitis, an endemic disease in the country, can be acquired from a virus in the air or secretions of an infected person, or through blood serum from an acutely ill person.

Although infectious hepatitis is endemic, its incidence can be controlled through the proper disposal of human feces and urine, and the proper sterilization of syringes and needles and other equipment used for injections in hospitals.

Infectious hepatitis is characterized by the abrupt onset of fever, malaise, anorexia, nausea, abdominal discomfort, and yellowing of the urine and white portion of the eyes.

A mild attack of hepatitis usually lasts one to two weeks.

CSO: 5400/4307

PHILIPPINES

TYPHOID FEVER HITS WEST SAMAR

Manila BULLETIN TODAY in English 5 Oct 84 pp 1, 14

[Text] An epidemic of typhoid fever described as "explosive" was reported yesterday by the Ministry of Health (MOH).

Five of 144 persons stricken with typhoid fever died in the past two months in Catbalogan and the towns of Motiong, Daram, Wright, Jiabong, Pinabacdao, Zumarraga, San Jose de Buan, and Calbiga in Western Samar.

Four of the five casualties were students of the Samar Polytechnic state college which is adjacent to barangay Guindapunan where the source of infection is located.

Dr. Julio Valera, chief of the Health Intelligence Service (HIS), said that the infection was traced to a contaminated pump well which was the people's source of drinking water.

The pump well with a depth of 70 feet is reportedly surrounded by canals which cross barangay Guindapunan. The barangay is crowded and suffers from an acute lack of facilities for the sanitary disposal of human wastes, Valera said.

Valera and Dr. A. Faraon of the HIS were sent by Health Minister Jesus Azurin last week to Samar to check on the outbreak of typhoid fever following a report from Deputy Prime Minister Jose Rono.

Valera reported that although the source of the contaminated water was in Guindapunan, the epidemic reportedly affected residents of neighboring barangays who were reported to have been in the area.

The cases manifested such symptoms as prolonged fever, headaches, chills, abdominal pain, and bloody feces.

In view of findings that repeated chlorination of the contaminated well has not been effective, Azurin recommended that a new well be constructed as a source of water for the barangay.

CSO: 5400/4307

CONGO FEVER OUTBREAK QUELLED

Johannesburg RAND DAILY MAIL in English 29 Sep 84 p 6

[Text] Cape Town--The Congo fever outbreak in the Western Cape which has claimed two lives had been successfully contained, Dr Hannes Groenewald, head of surgical intensive care at Tygerberg Hospital said yesterday.

Speaking at a Press conference, Dr Groenewald said only one patient would remain in hospital over the weekend. Five patients were discharged yesterday among them Ms Norma Paverd, the matron who assisted with infection control when Mr Frans Theart--the first victim--was admitted on September 3.

Dr Groenewald said the one patient who would remain in hospital over the weekend was making excellent progress and was being kept in hospital so that she could "rest out" before being discharged on Monday.

"We regard the Congo fever outbreak as something of the past. All virus tests for the disease have been negative and all the patients have been successfully cured."

He said the hospital had also stopped its monitor programme on 40 outside contacts and 150 inside contacts of both Mr Theart, who died on September 8 and Dr Andries Retief, who died on September 17.

Ms Paverd said she was feeling well and "looking forward to going home after being in hospital for more than two weeks."

The matron, who visited Rietfontein Hospital for infectious diseases in 1978 to observe the isolation methods employed there soon after the outbreak of Harburg fever, said she was fully aware of the seriousness of the disease she had contracted.

"Naturally, I thought a lot about my parents and the tension they were living under, but the hospital kept them fully informed on my progress."

She said she was always positive and knew she was receiving the best treatment possible.

"I think my first reaction was one of surprise. I thought it would never happen to me, and of course I was shocked when I learned of the death of Dr Retief.

"However, I never became negative and never thought I would not make it," she said.

The panel of doctors who treated the patients said the past few weeks had taught them a lot about the fever and Tuggerberg Hospital would in future be better able to deal with patients who had contracted the disease.--Sapa

Congo Cases Will Benefit Doctors

Cape Town--Matron Norma Paverd, one of the few people in the world to have survived Congo fever, said she had been too ill to have thought about dying.

Matron Paverd, head of infection control at Tygerberg Hospital, was one of six nurses discharged from yesterday. One of the nurses chose to stay at the hospital rather than go home.

The remarkable recovery of Matron Paverd and the five nurses is of international medical importance as, according to doctors, it is the first "really big" Western experience with the deadly disease. All previous material had come from behind the Iron Curtain.

The nurses' blood is also now valuable worldwide as an anti-serum for Congo fever.

Matron Paverd, who has been nursing for 22 years, said it was still difficult to say how she had contracted the disease, but she thought she might have been exposed to the virus before Mr Frans Theart, the first fatality, was admitted to isolation.

Her first contact with Mr Theart had been on September 5. She became ill with flu-like symptoms four days later and was admitted to hospital on September 13 with skin bleeding on her legs.

It was still not suspected she had Congo fever. She was admitted to isolation the next day when tests confirmed the fever.

Matron Paverd, who will stay at home for the next two months, said all six of them were "very deeply grateful" to their medical colleagues.

CSO: 5400/17

TANZANIA

BRIEFS

CHOLERA OUTBREAK--Mwanza--A cholera outbreak has hit Mwanza killing one person while three others are being treated, Shihata reported. A report from the health department of the Mwanza Municipal Council said by yesterday one person was receiving treatment at the Sekou Toure Hospital. Two other patients suffering from cholera had been discharged. An anti-cholera campaign has been launched in Mwanza and the Regional Medical Officer, Dr Edward Masali said preventive measures against the disease was being taken.
[Text] [Dar es Salaam DAILY NEWS in English 15 Sep 84 p 3]

CSO: 5400/17

TRINIDAD AND TOBAGO

INCREASES IN MAJOR COMMUNICABLE DISEASES REPORTED

Port-of-Spain EXPRESS in English 9 Aug 84 p 6

[Text] THERE have been marked increases in most of the major communicable diseases in Trinidad and Tobago so far this year.

A recent report by the National Surveillance Unit of the Ministry of Health and Environment revealed that there were more cases of gastro-enteritis, measles, influenza and sexually-transmitted diseases when compared to the same period last year.

Up to the 28th week of 1984, there have been 12,033 cases of gastro-enteritis compared to 8,548 over the same period last year. Of the 1984 figure, 2,358 cases were reported in County Caroni and 2,017 in St George East. The lowest number of cases so far, is in Tobago where only 35 have been recorded.

Caroni, however, has recorded more cases of the major diseases than the other counties. The report showed that there were 3,048 cases of measles this year when compared to the same period in 1983. There have been 903 cases of measles in Caroni so far, while there were 350 in 1983. A significant rise in the disease occurred in St George East where there were 187 cases in 1983, but 701 more this year.

Up to week No. 28, there were 15,505 cases of influenza while there were 12,338 over the same period last year. Out of this year's figure, 4,236 occurred in Caroni (2,839 last year) and 2,581 in St George East (1,050 in 1983). There has been a decrease in the number of influenza cases in County St. Patrick where there were 1,535 cases in 1984 so far in comparison with 3,303 last year.

The report on sexually-transmitted diseases covers the first three months of 1984. It provides statistics that there were 774 cases of that disease in the first three months, with 525 in the corresponding period last year. So far, there have been 22 cases of herpes genitalitis, an increase of 10.

CSO: 5440/006

ANTIBIOTICS IN ANIMAL FEED SAID TO POSE HEALTH THREAT

London THE DAILY TELEGRAPH in English 14 Sep 84 p 19

[Article by Godfrey Brown]

[Text] The mis-use of antibiotics on farms is helping the development of strains of salmonella bacteria, a frequent cause of food poisoning, that are resistant to treatment by antibiotics, a leading authority said last night.

Prof. Alan Linton, professor of bacteriology at Bristol University Medical School, said a loophole in the 1971 legislation on the use of antibiotics in animal feeds was partly to blame.

The legislation followed a report of a committee of inquiry into the use of antibiotics in agriculture, chaired by Prof. (now Lord) Swann, which was published in 1969.

It recommended that certain antibiotics that had no great use in human medicine, should be available without a prescription. But those with a therapeutic value could only be put into animal feeds on the say-so dealing with animals that he or a veterinary surgeon, when had "in his care."

"Feed" antibiotics are used as growth promoters to make animals put on weight faster.

But Prof. Linton said last night he knew that a lot of "prescription-only" antibiotics were being used for this purpose.

Commercial feed firms got their own veterinary surgeons to sign the prescription for the antibiotics. The firm was exonerated, because they had a prescription signed by a vet. But it was really breaking the law because the animals concerned were not in the vet's care.

Many farmers had antibiotics available, left on the farm premises by a vet. When an animal subsequently fell sick, rather than call in the vet again, the farmer saved money by treating it himself with the antibiotics he had available.

"This is one of the reasons many problems of drug resistance is arising in this pathogenic "organism, salmonella," Prof. Linton added.

Since 1977, strains of salmonella which were resistant to anything between four and seven antibiotics had appeared.

Infected calves, with the resistant strains were often taken to markets where they mixed with other calves, and cross infection resulted.

CSO: 5440/003

ZAIRE

BRIEFS

DYSENTERY EPIDEMIC-- A dysentery epidemic caused by a schistosoma is currently ravaging Mbulula, the seat of Nyembo, 60 kilometers from Kongolo. The epidemic has already caused several deaths. Monsignor Nday, bishop of Kongolo, has dispatched to the site a team of Franciscan sisters, under the supervision of Dr Roberti, to deliver emergency treatment. Thanks to the dedication and efforts of these sisters, the "red death" is moving further and further away. Because of the distances involved, however, Dr Roberti's team is currently short of medicines. Thirty-three serious cases have been admitted to Kongolo Hospital. [Text] [Lubumbashi MJUMBE in French 4-5 Aug 84 pp 1, 12] 9825

CSO: 5400/1

NEW LEPROSY DRUG CUTS TREATMENT PERIOD

Lusaka TIMES OF ZAMBIA in English 18 Sep 84 p 5

[Text] THE multiple drug treatment of leprosy introduced in Zambia last year will greatly reduce the treatment period of patients, leprosy specialist in the Ministry of Health Dr Richard de Soldenhoff said in Lusaka yesterday.

He said previously leprosy was only treated with a single drug called dapsone and this took longer periods for the patients to heal.

With the introduction of the multiple drug treatment system, cases which took up to between ten years and life could be treated in about two to three years.

Dr de Soldenhoff said cases which used to take between three to five years to cure with one-drug course now took a minimum of about six months with the multiple treatment system.

Dr de Soldenhoff was speaking after a seminar for field leprosy workers at Mwachisompola, near Kabwe, attended by national provincial officers.

He said the seminar was one of a series which are organised periodically to up grade the workers' awareness in their operations and were an evaluation exercise.

On the new treatment system, Dr de Soldenhoff said although this was costly, it was more effective.

The Ministry of Health had no problem in obtaining these drugs because "some friendly agencies" abroad were willing to supply them. At present Zambia had enough in stock.

The only major problem workers were facing in their operations was lack of transport especially in remote areas. It also made it more difficult for supervision.

The ministry would continue its educational campaign of bringing more public awareness of the disease as well as that of tuberculosis.

CSO: 5400/11

HARARE LAUNCHES DRIVE TO BEAT TYPHOID OUTBREAK

Harare THE HERALD in English 26 Sep 84 p 3

[Text] HARARE'S City Health Department is educating the public, particularly food handlers, on the causes and dangers of typhoid, the Medical Officer of Health, Dr Lovemore Mbengeranwa, said yesterday.

Harare infectious diseases hospitals are receiving between 14 to 20 cases of typhoid a month.

Dr Mbengeranwa told The Herald the disease would be kept under control as long as the public avoided contaminated water.

"Food handlers are particularly dangerous and have been responsible for many outbreaks of the disease. Close contact with a patient, whether family or otherwise, may result in infection being transmitted by soiled hands or other items. Contaminated water is another major cause of the disease," said Dr Mbengeranwa.

The symptoms are fever, confusion, abdominal pain and a variety of systemic manifestations. There is a mortality rate of 1 to 5 percent in drug treated patients and the causes of death are intestinal perforation, haemorrhage and severe poisoning of blood.

In the first week the individual may have fever, headache and abdominal pain, and later the condition may deteriorate, developing weakness, sometimes with a cough.

Dr Mbengeranwa said small groups travelling or out in the field should take chloride or iodine disinfecting tablets or hypochloride bleach to be added to their water or they could boil the water.

Pasteurised milk had to be boiled. "If uncertain as to whether sanitary practices are in use, the community should select foods that are cooked and served while hot," he added.

CSO: 5400/14

ZIMBABWE

BRIEFS

TYPHOID ON INCREASE--HARARE'S infectious disease hospitals are receiving between 14 and 20 cases of typhoid a month, the city's Medical Officer of Health, Dr Lovemore Mbengeranwa, said yesterday. Dr Mbengeranwa said during the first half of last year 162 cases of typhoid were reported and the cases increased to 172 in the first half of this year. Interviewed by the ZTV, he advised people to boil their vegetables thoroughly if they are watered by contaminated water. [Text] [Harare THE HERALD in English 24 Sep 84 p 1]

CSO: 5400/12

DISCUSSION ON BOVINE TUBERCULOSIS; METHODS OF TRANSMISSION

Bujumbura LE RENOUVEAU DU BURUNDI in French 26 Jun 84 p 5

[Article: "Bovine Tuberculosis Flare-up"]

[Text] Of 113 cows slaughtered recently in the Mpinga-Kayove commune in Rutana Province, 37 were found to be afflicted with tuberculosis of the liver and ganglions during meat inspections at different markets. As a result of these findings, the provincial veterinary technician has just held a meeting of Rutana service heads during which he gave a presentation on tuberculosis in livestock and its mode of transmission to man.

He noted, first of all, that tuberculosis is a contagious disease caused by a microbe known as tuberculin bacillus or Koch bacillus. There are three distinct types of Koch Bacilli: the human type, the bovine type and the avian type. Man and domestic animals are mutually susceptible to each other's type. There are three ways tuberculin bacilli can infiltrate the organism: through the air, intestinally through the digestive system or mouth, and through the skin. Certain foreign bodies are suspended in the air we breathe, among others, the Koch bacilli, which are introduced into the body through the nose during inhalation. Food, water and all other liquids can be contaminated by Koch bacilli and thus infect the consumer through the digestive system. The bacilli enter the organism through the skin through any wounds that may exist and thus infect the individual.

The tuberculin bacillus can be transmitted to man and animals through the air, water and through food, the veterinary technician said, but we possess effective defense mechanisms, in particular, phagocytosis, which is the ability of white blood cells to surround microbes in the organism and destroy them. He added, however, that the organism's defense mechanisms may be in a weakened state prior to the invasion of the tuberculosis microbes as a result of a pre-existing illness, inadequate food or malnutrition, chronic fatigue due to insufficient rest in relation to work load, or repeated emotional traumas. Under these circumstances, the invader has the upper hand and the organ under attack falls ill. When defense mechanisms become too feeble, the Koch bacilli pass through the blood vessels and invade the circulatory system, which carries them to all the organs in the body. You then have a case of acute miliary tuberculosis.

The veterinary technician noted that animals are susceptible to tuberculosis. He mentioned in particular the bovine species, porcine species and equine (horses, asses, mules) species, but pointed out that the caprine and ovine species are rarely afflicted. Stressing the fact that animals infect man and vice versa, the veterinary technician concluded his presentation with several recommendations: people and livestock should never share living quarters; meat should be inspected by a veterinary service representative and should be sufficiently cooked before consumption; milk should be pasteurized or boiled well before drinking and should be kept in very clean containers.

9825
CSO: 5400/1

MYSTERY VIRUS HITS CITY RACEHORSES

30 Horses Contract Virus

Kimberley DIAMOND FIELDS ADVERTISER in English 14 Sep 84 p 1

[Text]

THIRTY percent of the horses stabled at the Griqualand West Racing Club have contracted the mysterious virus disease which has swept through Natal horse-racing training centres recently, and has caused the death of a leading racehorse.

The chairman of the Griqualand West Racing Club, Mr Peter Miller, said yesterday that thirty of the 100 horses stabled at the club had contracted the disease.

'We noticed on Thursday last week that several of the horses had gone off their feed,' he said. 'They were also listless, and as these are the symptoms of the disease, this was the first thing that sprang to mind as being the cause. It has since been confirmed that the horses had contracted the virus disease.'

He said the illness had peaked over the weekend. 'On Saturday, there were about 30 horses that had been affected. It has lessened since then, and there have been no new cases reported.'

Mr Miller said that only 10 of the original 30 horses still had the disease yester-

day.

SERIOUS

'The consequences of the disease can be extremely serious,' he said. 'Because the virus is hard to detect, it can happen that horses can continue their training programme while still ill. This can cause complications, or might result in the horse straining something.'

'In order to prevent this happening, we have discontinued the training programmes of all the horses that were affected, and they have also been given appetite stimulants and medication for the liver.'

He said the disease had had 'serious financial consequences' for the owners of the horses. 'First of all, the training programme is interrupted, which means extra costs later, and secondly, several of the horses had been entered in Johannesburg races, as well as races in other centres. They have now had to be withdrawn.'

Mr Miller said three of his own horses had also been affected. 'Two were due to run in Johannesburg yesterday, and another was scheduled for a major race at the end of the year,' he said. 'All three have now had to be withdrawn.'

Visiting Horses Affected

Kimberley DIAMOND FIELDS ADVERTISER in English 20 Sep 84 p 1

[Text]

TWO Pretoria horses, which were scheduled to participate in the Griqualand West race meeting on Saturday, have contracted the mysterious virus which recently affected 30 local horses, although no further local cases have been reported.

The chairman of the GW Racing Club, Mr Peter Miller, said yesterday that it 'appeared as though visiting horses were more susceptible to the disease than local horses. A Pretoria man has brought down three of his horses for the local racing,' he said. 'Two of them have contracted the disease, and the third is suspected to have it.'

OWNERS

He said he thought the local horses which had been stabled in the vicinity of those who had contracted the disease two weeks ago had had time to build up resistance. 'They have been able to build up antibodies to the disease,

whereas the visiting horses are newly exposed,' he said. 'Owners of other visiting horses should be especially careful, as it seems the animals' susceptibility to the disease is high.'

Mr Miller said that no new local cases had been reported, and there had been an 85 percent recovery rate among those animals which had contracted the disease. 'Only about five of the original 30 horses still have the disease, but those five were the ones who were most seriously affected,' he said. 'They are still in a serious condition.'

STABLED

The outbreak of the virus, which has still not been identified, began about two weeks ago when horses stabled at the GW Racing Club were affected. The outbreak followed shortly after the same disease had swept through Natal's Summerveld and Clairwood racing stables, affecting about 400 racehorses.

CSO: 5400/13

SOUTH AFRICA

BRIEFS

NATAL RABIES REPORTED--DURBAN--Rabies has flared up again in the area to the south of Pinetown, where two further cases were confirmed yesterday, bringing the total number confirmed in dogs in Natal this year to about 85. "This is a whole new ball game," said Dr Liz Standing, Pinetown's Medical Officer of Health. "Previously the outbreak was largely confined to the north of the freeway. "These cases prove the disease is now active in the south. We can without doubt expect more rabies from the area." [Text] [Johannesburg THE STAR in English 15 Sep 84 p 7]

CSO: 5400/7

CSC STEPS IN TO CONTAIN OUTBREAK OF FOOT-AND-MOUTH

Harare THE HERALD in English 26 Sep 84 p 4

[Text] CATTLE bought by the Cold Storage Commission in Gwanda are being quarantined to prevent a foot-and-mouth outbreak in Beitbridge from spreading.

A spokesman for the Veterinary Services Department in Gwanda said there was a real threat of the disease spreading in the district.

Speaking after a CSC cattle sale in the communal lands of Gwanda recently, the spokesman said that although the cattle bought in the area had been vaccinated against foot-and-mouth they would still be quarantined before they were sent for slaughter.

Peasant farmers in the district had cut the European Economic Community fence that had formed a buffer zone between Beitbridge and Gwanda at some places. As a result cattle from Gwanda had crossed into the foot-and-mouth zone in Beitbridge and vice versa, the spokesman said.

"Some 800 cattle bought from Sizhubane and which had been vaccinated against foot-and-mouth were sent for a two-week quarantine at Manyole base," he said.

A total of 1 131 cattle were bought by the CSC at cattle sales in Wenlock, Matshetshe and Sizhubane communal lands.

The highest price offered was \$475 while the lowest was \$40.

CSO: 5400/14

BULAWAYO SUBURB ANTI-RABIES VACCINATION

Bulawayo THE SUNDAY NEWS in English 23 Sep 84 p 3

[Text]

ALTHOUGH this year's anti-rabies vaccination campaign in Bulawayo's eastern suburbs got off to a good start, it was not as good as last year's, the Matabeleland provincial animal health inspector, Mr Antony Grant said last week.

Last Wednesday, as the exercise entered its fourth day, 1424 dogs had been vaccinated as compared to 1741 by the same time last year. Mr Grant attributed the low turnout this year to the change in operation timetables of the vaccinating teams.

"Last year our teams worked on Saturday, a day when most people would be free, while this year we decided that they get an offday on Saturday. Our busiest times are Fridays from 4 pm to 4.30 pm," he said.

Last year, about 8 000 dogs were vaccinated in the

eastern areas while 2 185 were vaccinated in the western suburbs.

Mr Grant said vaccinations in the western areas were conducted every six months while those of the eastern areas were annual. He said in the west they were more frequent because people from communal areas were always drifting into town with their unvaccinated dogs.

Mr Grant praised the Bulawayo public for being aware of the dangers of rabies through responding well to the vaccination campaign.

He said the last case of rabies in the City was of a stray dog reported on March 12 this year. He warned that after the exercise was completed his department would launch a house-to-house search for unvaccinated dogs. Offenders would be liable to a fine of up to \$100.

CSO: 5400/12

ZIMBABWE

BRIEFS

BUFFALO KILLING STEPPED UP--Bulawayo. Buffalo are to be completely eliminated from all areas of Matabeleland outside the game parks, the director of veterinary services, Dr Jimmy Thomson, confirmed in Bulawayo at the weekend. In an interview Dr Thomson said that teams of "extremely experienced hunters" would be moving into the Nyamandlovu district to shoot out all buffalo found in the area in a concerted effort to eradicate further outbreaks of foot and mouth disease. Between 60 and 80 percent of buffalo, carried the disease which was excreted as a virus which in turn infected cattle, Dr Thomson said. [Text] [Harare THE HERALD in English 17 Sep 84 p 1]

CSO: 5400/11

AMERICAN FOULEROOD DISEASE STRIKES BEE COLONIES

Kingston THE DAILY GLEANER in English 29 Sep 84 p 14

[Excerpts]

THE PLANT PROTECTION DIVISION of the Ministry of Agriculture recently discovered an outbreak of American Foulbrood Disease of Bees in certain areas of Kingston. American Foulbrood is a very devastating bacterial disease which kills the larval and pupal stages of bees in the brood chamber, leading to the eventual death of the hive or colony, states a release from the Ministry of Agriculture.

To date the Plant Protection Division has examined 58 apiaries in Kingston and St. Andrew, St. Thomas and St. Catherine, and have discovered over 180 infected colonies in 14 of these apiaries. All the infected hives or colonies have been destroyed by burning, which is the only effective way of controlling or eradicating this dreaded disease.

In the past, Jamaica has had four outbreaks of American Foulbrood Disease of Bees. The first three in 1918, 1926 and 1935, all occurred within the old Corporate Area of Kingston. The fourth which occurred in 1943 was much more serious, occurring not only with the Corporate Area, but spreading also to St. Thomas, St. Catherine, Manchester and St. Elizabeth.

During the first outbreak, all hives, 1,719, within a three-mile radius of the Kingston Parish Church, whether infected or not, were burnt in two huge fires at the Kingston Race Course (now National Heroes Park) on the nights of January 16 and 17, 1919. In the other three outbreaks, only infected colonies

or those suspected of being infected were burnt. Thus in the 1943 outbreak, 1,710 colonies were burnt. As far as is known there has been no recurrence of the disease since 1944 until this recent outbreak.

Eradication and Control

The Ministry of Agriculture has instituted an Island-wide survey and inspection of all apiaries to determine the distribution of the disease, in order to determine the measures to be used in dealing with the disease. regularly and destroy all diseased ones.

4. Destroy feral honey bees in the affected area as far as is possible.

If the disease is localised then it can be confined and eradicated by methods of total destruction within the prescribed area. If however, it is widespread, such measures would be ineffective and other control measures such as drugs, would have to be applied.

The following measures are being recommended at present:

1. Restriction of movement of bees, equipment, honey and other bee products in and out of the affected areas.
2. Keeping equipment and supplies for each apiary separate.
3. Inspect colonies

Debris immediately.

Agriculture Minister Hon. Dr. Percival Broderick said yesterday that he was asking all beekeepers to co-operate with the Officers of the Plant Protection Division of the Ministry of Agriculture in the effort of control and eradicate this outbreak of the dreaded American Foulbrood Disease.

TRINIDAD AND TOBAGO

BRIEFS

GUMMY STEM BLIGHT--FIELD investigations conducted by the Plant Pathology Department in the Ministry of Agriculture, Lands and Food Production have confirmed the outbreak of a disease affecting watermelon fields located in east, central and south Trinidad. According to a news release from the Ministry of Information, the disease, known as gummy stem blight, is caused by the fungus *didymella bryoniae*, and seriously affects the production worldwide of pumpkins, cucumber, christophene, carilla and loofah, all hosts of the blight. As a result of the outbreak of the disease, farmers involved in the production of these crops are invited to attend a seminar entitled "Major pest and disease of watermelon and their control" at the Farmers' Training Centre, Centeno on Tuesday, September 25, from 9 a.m. to 12.00 noon. George Bala, plant pathologist in the Ministry of Agriculture, Lands and Food Production will speak at the seminar organised to help farmers in the identification, prevention and control of the disease. [Text] [Port-of-Spain EXPRESS in English 20 Sep 84 p 2]

CSO: 5440/006

END